

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016418

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 51

VS 300  
Rev. 4/59

0896

0891

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED MAY 15 1962

|   |   |  |   |
|---|---|--|---|
| a. COUNTY<br><b>Ray</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>e. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>                               |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>Richmond township</b>  |   | c. CITY OR TOWN <b>Richmond</b>  |   |
| Length of stay in lb <b>5 weeks</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (if NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>Ray County Memorial Hosp.</b>  |   | d. STREET ADDRESS (If outside, give location)<br><b>940 E. Lexington</b>   |   |
| Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>   |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>DANIEL</b> Middle <b>WILLIAM</b> Last <b>LIERMAN</b>   |   | 4. DATE OF DEATH<br>Month <b>May</b> Day <b>8</b> Year <b>1962</b>   |   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>11/13/1880</b>               |
| 9. AGE (last birthday)<br><b>81</b>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.  |   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Farmer</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>General farming</b>  |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Richmond, Mo.</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Michael Lierman</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Minnie Hauth</b>   |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Nelle Rader Lierman - dec.</b>  |   |  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>  |   | 16. SOCIAL SECURITY NO.<br><b>[REDACTED]</b>   |   |
| 17. INFORMANT<br><b>Miss Lena Lierman, Richmond, Mo.</b>  |   | Address  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Cerebral vascular accident</b>   |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>1 month</b>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b)<br>DUE TO (c)  |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Diabetes mellitus</b>   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |   |
| 20c. TIME OF INJURY<br>Hour <b>8:10 a.</b> Month, Day, Year   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |  |   |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  | 20f. CITY, TOWN, OR LOCATION<br><b>Richmond, Mo.</b>  |  |   |
| 21. I attended the deceased from <b>1954</b> to <b>death</b> and last saw him alive on <b>5-8-62</b><br>Death occurred at <b>8:10 a.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |   |
| 22a. SIGNATURE<br><b>[Signature]</b> (Degree or title)  |   | 22b. ADDRESS<br><b>Richmond, Mo.</b>   |   |
| 22c. DATE SIGNED<br><b>5-10-62</b>  |   |  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>May 10, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>City Cemetery</b>   |   |
| 23d. LOCATION (City, town, or county)<br><b>Richmond, Mo.</b>   |   |  |   |
| 24. FUNERAL DIRECTOR<br><b>Thurman Funeral Home, Richmond, Mo.</b>  | 25. DATE RECD. BY LOCAL REG.<br><b>5-13-1962</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Malcolm Jackson</b> |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 29 1962

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~body~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed \_\_\_\_\_

*Levada Thurman*

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.